

State of West Virginia Office of Technology



Program / Project Concept Form PROJECT NAME:

[Click here to enter text.](#)

Author:

Date:

Version:



Introduction

The Project Concept Form is utilized in the first phase (initiating) of the Project Management Life Cycle. It is used to collect and report information that will serve as the foundation for making a decision to *initiate* a new project.. The concept summarizes the purpose, scope, requested deliverable date, estimated budget, etc. of a proposed project/initiative. Executive management uses the concept statement to determine if the proposed project/initiative can be successful based on current resource availability, state and department missions, and timelines. If approved, the concept statement is expanded to create additional project documentation, such as the Project Charter and Project Plan.

Instructions

Complete all sections of this form.

If a particular question is not applicable, enter NA (Not Applicable) to indicate that you have at least considered the question.

The Project Concept or Initial Request Documents must be authorized by an individual who prioritizes work and / or has spending / budgetary authority.

Under Contact Information, the Sponsor, Authorized By, and Contact can be the same or different individuals.

All tables and boxes are expandable. Add rows when it is necessary to include additional information.

Definitions of project management and technology terms are presented in the On-line Project Management Glossary (www.technology.wv.gov).

Submit Questions and Concept Papers to:

wvot.epmo@wv.gov

Or

West Virginia Office of Technology
Project Management Office
Bldg. 5, 10th Floor
1900 Kanawha Blvd East
Charleston, WV 25301

**CONTACT INFORMATION**

Date Submitted:	Click here to enter a date.	Prepared By:	Click here to enter text.
Sponsor:	Click here to enter text.	Sponsoring Entity:	Click here to enter text.
Authorized By**:	Click here to enter text.	Contact:	Click here to enter text.
Contact Phone No.:	Click here to enter text.	Contact Email:	Click here to enter text.
PAS number:	Click here to enter text.		

RELATED REQUEST

Has a purchasing request (RFP, RFI, and RFQ), requirements specification, or other document describing the project objectives and requirements been created for this effort? If so, please attach or submit with this Concept Form.

<input type="checkbox"/>	Yes. Other documentation has been created and is attached.
<input type="checkbox"/>	No

ERP FUNCTIONALITY

Does this concept address functionality that could potentially (1) be included in the Enterprise Resource Planning (ERP) System, (2) require information from the ERP or (3) need to link to or interface with the ERP?

<input type="checkbox"/>	Yes.
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know

PROJECT CONCEPT ELEMENTS**Proposed Project Name or Title**[Click here to enter text.](#)**Project Description**[Click here to enter text.](#)**Project Objectives**

State the project objectives in a manner that demonstrates how the project outcome will benefit the organization by helping it to (1) achieve business requirements, (2) satisfy strategic goals, and (3) fix or prevent problems.

	<u>Project Objective</u>
1.	Click here to enter text.
2.	Click here to enter text.
3.	Click here to enter text.



Project Drivers

Identify how the project will align with the strategic, business, and technical direction of the Department, the Agency, the State, the Executive Branch, the Office of Technology, etc. Select as many as apply.

<input type="checkbox"/>	Contribute to improvement of the State's economic climate
<input type="checkbox"/>	Support the standardization and consolidation of technology
<input type="checkbox"/>	Other State-wide Initiative: Click here to enter text.
<input type="checkbox"/>	Improve delivery of products and services to customers
<input type="checkbox"/>	Safeguard data and technology resources
<input type="checkbox"/>	Federally mandated - necessary for regulatory or policy compliance
<input type="checkbox"/>	State mandated - necessary for regulatory or policy compliance
<input type="checkbox"/>	Obsolescence (approaching a de-support, expired license, etc. for an application, system, product, or service)

Return on/of Investment

[Click here to enter text.](#)

Organizational Scope

Check the box that best reflects the organizational scope of this project.

<input type="checkbox"/>	Single agency
<input type="checkbox"/>	Department
<input type="checkbox"/>	Multiple agency***
<input type="checkbox"/>	State-wide government project
<p>***If multiple entities are involved, list those units, departments, agencies, branches, etc:</p> <p>Click here to enter text.</p>	

Similar Services and Products

Are you aware of any other State entities using or planning to deploy a similar product or service?

☐ Yes

☐ No

If you checked "Yes", please identify and describe the other product or service (*short narrative*):

[Click here to enter text.](#)

Funding source(s) and amount(s) per funding source



	<u>Funding Source</u>	<u>Amount</u>
1.	Click here to enter text.	Click here to enter text.
2.	Click here to enter text.	Click here to enter text.
3.	Click here to enter text.	Click here to enter text.
4.	Click here to enter text.	Click here to enter text.

Budget and Schedule Estimates

Provide estimates related to budgets, schedules and other information over the life of the entire project. You may attach schedules, financial worksheets, etc. You will be asked to estimate specific cost/line items when you complete the Project Charter and the Project Plan.

Estimated Budget for the Program or Project (from planning to execution / deployment. Consider personnel, hardware, software, facilities, support, etc.	Low Budget Click here to enter text.	High Budget Click here to enter text.	Notes: .
Estimated Annual Budget to maintain the application, system, product or service. Consider personnel, hardware, software, facilities, support, etc.	Low Budget Click here to enter text.	High Budget Click here to enter text.	Notes: Click here to enter text.
Estimated Schedule	Est. Start Date Click here to enter text.	Est. Completion Date Click here to enter text.	Notes: Click here to enter text.
Estimated Duration (in days)	Least Number of Days Click here to enter text.	Most Number of Days Click here to enter text.	Notes: Click here to enter text.

Flexibility Matrix

	Most Flexible	Moderately Flexible	Least Flexible
Scope	Click here to enter text.	Click here to enter text.	Click here to enter text.
Schedule	Click here to enter text.	Click here to enter text.	Click here to enter text.
Cost	Click here to enter text.	Click here to enter text.	Click here to enter text.

Acquisition / Support Plans:



Do you plan to enter into a contract, support level agreement, or software license agreement with an external consultant, vendor, other third party, etc.? Check all that apply.

Other Acquisition / Support Plans	Name of party (if known at this time)
<input type="checkbox"/> RFP, RFQ, or other Request Instrument	Click here to enter text.
<input type="checkbox"/> Software License	Click here to enter text.
<input type="checkbox"/> Consultant	Click here to enter text.
<input type="checkbox"/> Service Level Agreement	Click here to enter text.
<input type="checkbox"/> Other Entertainment	Click here to enter text.

Other Information

If needed, provide additional information to support the concept below. Alternatively, you may attach items to the Project Concept Form.

[Click here to enter text.](#)**Items Requiring Additional Research**

Include a brief description of any items that will require additional research.

[Click here to enter text.](#)